

CMS Net

Patient Registration

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Preface

Legend

In procedures on the following pages you will see various symbols used.

- ✓ When a procedure is described, the check mark indicates the result of an action.
- ➡ The arrow indicates a content note.

Patient Registration

Patient Registration

When you select the Patient Registration option, all of the screens are in full-screen format. There are six screens. The first two screens contain all required fields. The next three are all optional fields. The sixth screen is for display only.

The Patient Registration – Face Sheet screens allow you to enter or edit data collected from a patient referral.

Requirements for CMS Net

CMS Net requires a Client Index Number (CIN) from the Statewide Client Index (SCI) Search screen, if a CIN is not already on the patient's record.

- If there is a CIN on the record already, you will only see a prompt for the SCI Search in case you need to make some change in the linked record.
- If no change is needed, select "NO" and you will go directly to the Patient Registration-Face Sheet screens.

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Patient Registration, Continued

**Common Keys
& Functions**

The following is a chart displaying the common keys and functions for the Patient Registration Face Sheet.

Key(s)	Functions
Down arrow / Up arrow	Moves cursor to next / previous field
Page Up / Page Down	Moves to next / previous screen
Action Menu Key (PC = F2, T = F11)	On last screen, allows user to save or cancel entries. On all other screens, pages down to next screen. (You must complete all screens before you can exit.)
Delete Key (F7)	Deletes entry in field. YOU MUST DELETE AN EXISTING ENTRY BEFORE YOU CAN ENTER A NEW ONE.
Help Key (PC = F1, T = F13)	Gives help message or pick list.
Cancel Key (PC = Shift F2, T = F12)	Allows the user to cancel entry from any screen.

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Patient Registration, Continued

**Steps to Access
the Patient
Registration**

Step	Action
1	From the Primary Menu, select Registration. Press <Enter>. ✓ The Registration Menu displays.
2	Select Patient Registration/Edit from the Registration Menu. Press <Enter>. ✓ The Patient ID Screen displays.
3	Identify and select your patient. Press <Enter>.

Patient Registration, Continued

Face Sheet
Page 1
CMSFS-10

The numbers indicated in the screen layout, below, indicate the prompt sequence; i.e., direction the cursor will move.
(Required fields are in **bold**.)

CMSNET	PATIENT REGISTRATION FACE SHEET	CMSFS-10
1) Name: Last App First Middle XXXXXXXXXXXXXXXXXXXX XXX XXXXXXXXXXXXXXXXXXXX X	3) CCS#: 9999999	
2) Birth: XXXXXXXXXXXXXXXXXXXX	6) CIN: XXXXXXXX X	
4) Alias: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5) SSN: XXXXXXXX	6a) Pseudo: XXXXXXXX
7) Gender: X	8) DOB: 99/99/9999	9) Birthplace: XXXXXXXXXXXXXXXX
10) Status: XXXXXXXX	11) 1st Referral Date:	
12) Ref/Trf Dt: 99/99/9999	13) Type: X	
14) Res Co: XXXXXXXXXXXX	16) Ref Source: XXXXXXXXXXXXXXXXXXXX	
15) Lgl Co: XXXXXXXXXXXX	17) Ref By: XXXXXXXXXXXXXXXXXXXX	
18) Ethnic: XXXXXXXXXXXX	19) Language: XXXXXXXXXXXXXXXX	
20) Mo First Nm: XXXXXXXXXXXX	21) Mo Mdn Nm: XXXXXXXXXXXXXXXX	
22) Mo DOB: 99/99/9999	23) Mo SSN: 999999999	
24) Prim Dx: XX		
25) Sec Dx: XX		
26) Oth1Dx: XX		
27) Oth2Dx: XX		
28) Oth3Dx: XX		
Consent Form? X Date: 99/99/9999 SCI Last Updated: 99/99/9999		
Known To:		

Continued on next page

Patient Registration, continued**Data Entry Fields**

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 1, CMSFS-10.

➡ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Patient Name	Required LASTNAME Appellation, FIRSTNAME Middle Initial
2	Birth Name	Required only if different than Patient Name LASTNAME Appellation, FIRSTNAME Middle Initial
3	CCS#	Required Enter "T" to assign a temporary number or enter an existing CCS case number
4	Alias	Optional LASTNAME Appellation, FIRSTNAME Middle (If patient name is edited, the previous patient name will automatically become an alias)
5	SSN	Optional – Patient's SSN Enter 999-99-9999 format DO NOT enter Mother's SSN in this field!!
6	Client Index Number	Display Only – Assigned and updated only in Statewide Client Index (SCI).
6a	Pseudo	Display Only – Pseudo Social Security Number is filed from the SCI Inquiry function and will automatically clear when the patient's social security number is entered on the Face Sheet.

Continued on next page

Patient Registration, Continued

Field #	Name	Description
7	Gender	Required Enter 'M'ale, or 'F'emale
8	Date of Birth	Required Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19XX. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000
9	Birthplace	Required Enter County, State or Country (from pick list)
10	Status	Required <ul style="list-style-type: none"> • 'A' for ACTIVE • 'C' for CLOSED • 'D' for DENIED • 'P' for PENDING <i>(Initial Referral)</i> • 'R' for REOPEN PENDING <i>(Case that was Open/Active, Closed & now Reopened)</i> • 'N' for NOT OPEN <i>(Case is referred, but no application received after 3 letters sent.)</i> • 'T' for TRANSFER/ACTIVE <i>(Active/Open, but in process of being sent to another county.)</i> <p><i>NOTE: Active, Closed and Denied are <u>only</u> selectable in Client Eligibility AND Transfer/Active is only selectable in Pending Transfer.</i></p>

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
11	1 st Referral Date	Display ONLY (Defaults from Ref/Trf Dt field.)
12	Referral/Transfer Date	Required Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19xx. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000
13	Type	Required (R)eferral or (T)ransfer from another county
14	Residence County	Required Select county from pick list.
15	Legal County	Required Enter county from pick list (Legal county is the county responsible for paying claims.)
16	Referral Source	Required Enter source from pick list.
17	Referred By	Required Enter name of person/facility referring patient.
18	Ethnic Group	Required Select from pick list.
19	Language	Required Select from pick list. Default is English, if none selected.

Continued on next page.

Patient Registration, continued**Data Entry Fields (continued)**

Field #	Name	Description
20	Mother's First Name	Required Enter patient's mother's first name or "unknown".
21	Mother's Maiden Name	Required Enter patient's mother's maiden name or "unknown"
22	Mother's Date of Birth	Optional Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19xx. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000
23	Mother's SSN	Optional Enter 999-99-9999 format
24	Primary Diagnosis	Required Enter ICD-9 code or part of the description and select from pick list.
25	Secondary Diagnosis	Optional Enter ICD-9 code or part of the description Select from pick list.
26	Other Diagnosis 1	Optional Enter ICD-9 code or part of the description Select from pick list.

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
27	Other Diagnosis 2	Optional Enter ICD-9 code or part of the description Select from pick list.
28	Other Diagnosis 3	Optional Enter ICD-9 code or part of the description Select from pick list.
	Consent Form?	Not in use – defaults to NO
	Date	Not in use
	SCI Last Updated	Not in use
	Known To	Displays from SCI Search

Continued on next page

Patient Registration, Continued

➡ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

**Face Sheet
Page 2
CMSFS-20**

The numbers indicated in the screen layout, below, indicate the prompt sequence; i.e., direction the cursor will move.
(Required fields are in **bold**.)

CMSNET	PATIENT REGISTRATION FACE SHEET	CMSFS-20
Pt Nm: XXXXXXXXXXX1XXXXXXXXX2XXXXXXXXX3XXXXXXXXX4	CCS#: 9999999	CIN: 99999999X 9
Gender: X DOB: 99/99/9999 Lgl Co: XXXXXXXXXXX1	REG=XXXXXXXX	MED=X F/R=X

Pt Address:	Primary Addressee:	
1) ST1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	7) NM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
2) ST2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	8) ST1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
3) CTY: XXXXXXXXXXXXXXXXXXXXXXXX 4) St: XX	9) ST2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
5) ZIP: 99999	10) CTY: XXXXXXXXXXXXXXXXXXXXXXXX 11) ST: XX	
6) PH: (999) 999-9999	12) ZIP: 99999	
13) Pt Address Verification: X	14) Primary Address Verification X	
	15) PH: (999) 999-9999	
16) WK1: (999) 999-9999	17) WK2: (999) 999-9999	
18) Phone Notes: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
19) Relation to Pt: XXXXXXXXXXXX		
20) Caregiver's Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
21) Placed Out of Home: XXX	22) Type of Placement: XXXXXXXXXXXX	
23) Where Placed: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
24) Where Placed Other Text: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		

Continued on next page

Patient Registration, Continued

Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 2, CMSFS-20.

➡ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Patient Street Address 1	Required Enter patient's street address Example: 123 MAIN STREET APT 3
2	Patient Street Address 2	Optional Enter patient's second street address Example: PO BOX 123
3	Patient's City	Automatically filled when Zip Code entered (zip code must be in zip code table)
4	Patient's State	Automatically filled when Zip Code entered (zip code must be in zip code table)
5	Patient's Zip Code	Required Enter 5-digit zip code (must be in zip code table). If zip code is unknown, type in the first 5 letters of the city. A list of 1 or more options will appear for the user to select from.
6	Patient's Phone	Optional Enter as 999-999-9999 or (999)999-9999
7	Primary Addressee Name	Required FIRSTNAME MIDDLE LASTNAME APPELLATION OR LASTNAME APPELLATION, FIRSTNAME MIDDLE

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
8	Primary Addressee Street Address 1	Required Enter Primary Addressee street address Example: 123 MAIN STREET APT 3
9	Primary Addressee Street Address 2	Optional Enter Primary Addressee second street address Example: PO BOX 123
10	Primary Addressee City	Automatically filled when Zip Code entered (zip code must be in zip code table)
11	Primary Addressee State	Automatically filled when Zip Code entered (zip code must be in zip code table)
12	Primary Addressee Zip Code	Required Enter 5-digit zip code (must be in zip code table) If zip code is unknown, type in the first 5 letters of the city and a list of 1 or more options will appear for the user to select from.
13	Pt Address Verification	Initial value is blank. Valid Pick-list Value: 'C' Only use 'C' when the family notifies you that they did not receive a BIC card.
14	Primary Address Verification	Initial value is blank. Valid Pick-list Value: 'C' Only use 'C' when the family notifies you that they did not receive a BIC card.
15	PH	Primary Addressee telephone number All zero's or all nine's (000) 000-0000 or (999) 999-9999 are not allowed

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
16	WK1	Optional Primary Addressee Work Phone number 1 Format: (999) 999-9999
17	WK2	Optional Primary Addressee Work Phone number 2 Format: (999) 999-9999
18	Phone Notes	Optional User can enter free form text as notes, messages, etc regarding the phone number.
19	Primary Addressee's Relationship to Patient	Required Select from pick list
20	Caregiver's Name	Optional - Can enter as First name Middle Last name Appellation or Last name Appellation, First name Middle
21	Placed Out of Home	Optional (Y)es or (N)o
22	Type of Placement	Required if Placed Out of Home = Yes (V)oluntary or (I)nvuntary
23	Where Placed	Required if Placed Out of Home = Yes Select from pick list
24	Where Placed Other Text	Optional If "Other" selected for Where Placed, can enter free text to explain.

- ➡ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

Patient Registration, Continued

(continued)

**Face Sheet
Page 3
CMSFS-30**

The numbers indicated in the screen layout, below, indicate the prompt sequence; i.e., direction the cursor will move.

(Required fields are in **bold**.)

CMSNET		PATIENT REGISTRATION FACE SHEET		CMSFS-30	
Pt Nm:	XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4	CCS#:	9999999	CIN:	99999999X 9
Gender:	X	DOB:	99/99/9999	Lgl Co:	XXXXXXXXX1
		REG=	XXXXXXXXX	MED=	X
				F/R=	X
Other Addressee:					
Nm:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	10) Rel to Patient:	XXXXXXXXXX		
St1:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
St2:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX				
Cty:	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	5) ST:	XX		
Zip:	99999				
Ph:	(999) 999-9999				
Wk1:	(999) 999-9999	9) Wk2:	(999) 999-9999		
Siblings Known to CMS Net:					
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12) CCS#:	9999999	13) CIN:	99999999X	9
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12) CCS#:	9999999	13) CIN:	99999999X	9
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12) CCS#:	9999999	13) CIN:	99999999X	9
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12) CCS#:	9999999	13) CIN:	99999999X	9

**Data Entry
Fields**

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 3, CMSFS-30.

➡ Press the <Down Arrow> to move from field to field.

Continued on next page

Patient Registration, Continued

Field #	Name	Description
1	Other Addressee Name	Optional First name Middle Last name Appellation or Last name Appellation, First name Middle
2	Other Addressee Street Address 1	Optional Enter Other Addressee street address Example: 123 MAIN ST APT 3
3	Other Addressee Street Address 2	Optional Enter Other Addressee second street address Example: PO BOX 123
	Other Addressee City	Automatically filled when Zip Code entered (zip code must be in zip code table)
	Other Addressee State	Automatically filled when Zip Code entered (zip code must be in zip code table)
4	Other Addressee Zip Code	Optional Enter 5-digit zip code (must be in zip code table) If zip code is unknown, type in the first 5 letters of the city and a list of 1 or more options will appear for the user to select from.
5	Other Addressee Phone	Optional Enter as 999-999-9999 or (999)999-9999
6	Other Addressee Work Phone #1	Optional Enter as 999-999-9999 or (999)999-9999
7	Other Addressee Work Phone #2	Optional Enter as 999-999-9999 or (999)999-9999
8	Relationship to Patient	Required (only if Field #1 – Other Addressee Name is filled in), select from pick list
9	Sibling's Name	Optional – Enter Name, CCS#, or CIN
10	Sibling's CCS#	Display Only
11	Siblings CIN	Display Only

Important Note

A sibling entered into the Sibling's Name field can only be known to CMS Net.

Continued on next page

Patient Registration, Continued

➡ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

**Face Sheet
Page 4
CMSFS-40**

The numbers indicated in the screen layout, below, indicate the prompt sequence; i.e., direction the cursor will move.

CMSNET	PATIENT REGISTRATION FACE SHEET	CMSFS-40
Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CCS# 9999999	CIN:99999999X 9
Gender: X DOB: 99/99/9999 Lgl Co: XXXXXXXXXX	REG=XXX	ELIG=XX FIN=XXXXXXXXXXXX
Medical Therapy Program:		
1)MTP ONLY?: XX	2)IEP?: X	3)MTU Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
School:		
4)NM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	5)Patient Grade: XX	
ST1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
ST2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Cty/St: XXXXXXXXXXXXXXXXXXXXXXXX		
Zip: 99999		
Ph: (999)999-9999		
Medical Home:		
6)NM: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
7)ST1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
8)ST2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		
Cty/St: XXXXXXXXXXXXXXXXXXXXXXXX		
9)Zip: 99999		
10)Ph: (999)999-9999		

Continued on next page

Patient Registration, Continued

Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 4, **CMSFS-40**.

➡ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	MTP Only?	Default = NO Enter (Y)es if patient has MTP services only
2	IEP?	Enter (Y)es if patient has Individualized Education Program or enter (N)o
3	MTU Name	Enter if patient enrolled in any MTU Select from pick list
4	School Name	Optional: Select from pick list
	School Street Address 1	Displays from School table Example: 123 MAIN ST APT 3
	School Street Address 2	Displays from School table Example: PO BOX 123
	School City	Displays from School table
	School State	Displays from School table
	School Zip Code	Displays from School table
	School Phone	Displays from School table

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
5	Patient Grade	Optional: Enter any grade K thru 12
6	Medical Home Name	Optional: This is the Primary Physician. Enter LASTNAME MD,FIRSTNAME Select from pick list (Vendor File) If not found on vendor file, the following message appears: No such code. Accept anyway? N (Clear field using function key before entering Y.) Type (Y)es to enter a physician not on the vendor file. Continue entering data.
7	Medical Home Street Address 1	Displays from Vendor file OR Enter Medical Home street address Example: 123 MAIN STREET APT 3
8	Medical Home Street Address 2	Displays from Vendor file OR Enter Other Addressee second street address Example: PO BOX 123

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
	Medical Home City	Displays from Vendor file OR Automatically filled when Zip Code entered (zip code must be in zip code table)
	Medical Home State	Displays from Vendor file OR Automatically filled when Zip Code entered (zip code must be in zip code table)
9	Medical Home Zip Code	Displays from Vendor file OR Enter 5-digit zip code (must be in zip code table) If zip code is unknown, type in the first 5 letters of the city and a list of 1 or more options will appear for the user to select from.
10	Medical Home Phone	Displays from Vendor file OR Enter as 999-999-9999 or (999)999-9999

➡ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

Continued on next page

Patient Registration, continued

**Face Sheet
Page
CMSFS-50**

The numbers indicated in the screen layout, below, indicate the prompt sequence; i.e., direction the cursor will move.

CMSNET		PATIENT REGISTRATION FACE SHEET		CMSFS-50	
Pt Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		CCS# 9999999		CIN:99999999X 9	
Gender: X		DOB: 99/99/9999		Lgl Co: XXXXXXXXXX REG=XXX ELIG=XX FIN=XXXXXXXXXX	
1)Regional Office Case Manager: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
2) County Case Manager: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
3)County Chart #: XXXXXXXXXX 4)County Close Req Date:99/99/9999					
Specialist: 5)Nm: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
St1: XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
St2: XXXXXXXXXXXXXXXXXXXXXXXXXXXX					
Cty: XXXXXXXXXXXXXXXXXXXXXXXXXXXX St: XX					
Zip: 99999					
Ph: 999-99-9999					
6) Specialty: XXXXXXXXXXXXXXXXXXXXXXXX					
Comments:					
7)					

Continued on next page

Patient Registration, Continued

Data Entry Fields

The following table identifies and defines the fields for data entry on the Patient Registration Face Sheet, Page 5, **CMSFS-50**.

➡ Press the <Down Arrow> to move from field to field.

Field #	Name	Description
1	Regional Office Case Manager	Optional Enter the user's last name and select from the pick list. The case manager MUST have a CMS Net access code to be selected from the list (same as for Mail)
2	County Case Manager	Optional Enter the user's last name and select from the pick list. The case manager MUST have a CMS Net access code to be selected from the list (same as for Mail)
3	County Chart Number	Optional Used for counties that keep separate chart numbers in addition to the CCS#. Free text
4	County Close Request Date	Optional Used for dependent counties to record the date they requested the regional office to close the case. Enter mm/dd/yyyy or mm-dd-yyyy If you enter a 2-digit year, the system will assume the century is 19xx. You do not have to enter leading zeros. Example: 1/1/98 or 11/15/2000

Continued on next page

Patient Registration, Continued

Data Entry Fields (continued)

Field #	Name	Description
5	Specialist (Can enter more than one specialist)	Optional Type the first few letters of the specialist's name and press <enter>. Select from pick list.
	Specialist Street Address 1	Displays from Vendor file
	Specialist Street Address 2	Displays from Vendor file
	Specialist City	Displays from Vendor file
	Specialist State	Displays from Vendor file
	Specialist Zip Code	Displays from Vendor file
6	Speciality	Optional Enter the specialty for the specialist entered. Select from pick list
7	Comments	Optional Free text

➡ When all entries are completed, pressing the <Down Arrow> or <Page Down> key moves the cursor to the next screen.

Continued on next page

Patient Registration, continued**Face Sheet
Page 6
CMSFS-60**

This is the final screen in the Patient Registration flow. All fields on this screen are DISPLAY ONLY. **NO** changes can be made to any field on this screen.

CMSNET		PATIENT REGISTRATION FACE SHEET		CMSFS-60	
Pt Nm:	XXXXXXXXXX1XXXXXXXXXX2XXXXXXXXXX3XXXXXXXXXX4	CCS#:	9999999	CIN:	99999999X 9
Gender:	X	DOB:	99/99/9999	Lgl Co:	XXXXXXXXX1
		REG=	XXXXXXX	MED=	X
				F/R=	X
1) Elig Start Date:		99/99/9999	2) Date Closed:		99/99/9999
			3) Date Denied:		99/99/9999
4) CCS Elig Status:		XXXXXXXXXXXXXXXXXXXX			
		5) Reason:			
		XXXXXXXXXXXXXXXXXXXX			
6) Appl Status:		XXXXXXXXXXXXXXXXXXXX			
		7) Pgrm End Date:			
		99/99/9999			
		8) Pending Elig Type:			
		XXXXXXXXXXXXXXXXXXXX			
9) Mgd Care Plan:		XXXXXXXXXXXXXXXXXXXX			
10) Plan #:		XXXXXXXXXXXXXXXXXXXX			
12) M/C#:		999999999999999			
		11) Insurance/Other Coverage:			
		XXXXXXXXXXXXXXXXXXXX			
13) Reg By:		XXXXXXXXXXXXXXXXXXXX			
		14) Reg Date:			
		99/99/9999			
15) Transfer/Referral History:					
Date:	99/99/9999	Type:	X	County:	XXXXXXXXXXXXXXXXXXXX
Date:	99/99/9999	Type:	X	County:	XXXXXXXXXXXXXXXXXXXX
Date:	99/99/9999	Type:	X	County:	XXXXXXXXXXXXXXXXXXXX
Date:	99/99/9999	Type:	X	County:	XXXXXXXXXXXXXXXXXXXX
16) Last Update By:		XXXXXXXXXXXXXXXXXXXX			
		17) Date:			
		99/99/9999			

► The Referral/Transfer Date History displays the history of updates to the Referral/Transfer Date, Type, and County. The vertical bar to the right of the field indicates there can be more entries to view. To view more, press the <Down Arrow> for scrolling. To scroll back, press the <Up Arrow>.

Continued on next page

Patient Registration, Continued

**Data Element
Fields**

All fields are DISPLAY ONLY

FIELD #	FIELD NAME	DESCRIPTION
1.	ELIG START DATE:	Date patient became eligible for CMS services. Displays the Elig Start Date from Client Eligibility Format: MM/DD/YYYY
2.	DATE CLOSED:	Displays the Date Closed from Client Eligibility
3.	DATE DENIED:	Date patient case closed/ineligible from Client Eligibility Format: MM/DD/YYYY
4.	CCS ELIG STATUS	Reason that patient's case was closed in CCS Displays from Client Eligibility
5.	REASON	display the Reason Closed/Denied from Client Eligibility
6.	APPL STATUS	Ex: Signed Application, mm/dd/yyyy
7.	PGRM END DATE	Displays the Pgrm End Date from Pending Eligibility if present.
8	PENDING ELIG TYPE	Displays from Pending Eligibility Values: <ul style="list-style-type: none"> • Elig Period Only • Interview Pending • Medi-Cal Pending
8	MGD CARE PLAN	Managed Care Plan Name
9	PLAN#	Managed Care Plan Number
10	INSURANCE/ OTHER COVERAGE	Insurance/Other Coverage Name

Continued on next page

Patient Registration, Continued

Data Element Fields (continued)

FIELD #	FIELD NAME	DESCRIPTION
11	M/C#	Medi-Cal Number
12	REG BY::	Name of person registering patient in CCS (User ID Table)
13	REG DATE	Date patient was registered in CCS Format: MM/DD/YYYY
TRANSFER/REFERRAL HISTORY		
14.	DATE:	History of dates that patient transferred/was referred to CCS Format: MM/DD/YYYY
15.	TYPE:	Referral/Transfer History (R or T) R = Referral T = Transfer
16.	COUNTY:	Legal County History
17.	LAST UPDATE BY:	Name of person who updated patient file last
18.	DATE	Date user last updated Patient Registration data Format: MM/DD/YYYY

Continued on next page

Patient Registration, Continued

To Exit this Screen

To exit this screen, do the following:

Step	Action
1	Press the <Down Arrow> key to the <i>Last Update By</i> field.
2	Press the <Down Arrow> key one more time. OR Press the Action Menu key. ✓The following prompt will appear:

Select One:
☐ Save
☐ Cancel

 [Quit]

Continued on next page

Patient Registration, Continued

To Save Face Sheet Entries

To Save all Face Sheet entries, press the up arrow to select Save (or type S and press <Enter>).

- ➡ Saving also saves all table entries/edits - i.e. Medical Home.

The Patient Registration Branch Menu will appear for Narrative, MailMan, etc., as seen below:

```

CMS TEST                                PATIENT REGISTRATION BRANCH MENU                                CMSOM-20
-----
Pt Nm: WRONG,KID SMITH                  CCS#: 3273185  CIN: 96560523D 6
Gender: F  DOB: 01/23/1998  LGL CO: ALPINE  REG= ACT  ELIG= D  FIN= PENDING INTE
-----

      (?) Application Status
      ( ) Insurance/Other Coverage
      ( ) MEDS Inquiry
      ( ) Narrative for Patient Registration
      ( ) Mail Message for Patient Registration
      ( ) Print Face Sheet

      ( ) Identify Different Patient
      ( ) Current Patient Registration
      ( ) Registration Main Menu

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Continued on next page

Patient Registration, continued

To Cancel Face Sheet Entries

To Cancel all Face Sheet entries, press the <Up Arrow> to select Cancel (or type C and press <Enter>).

After pressing <Enter>, the Patient Registration Branch Menu (as seen on the previous page) will appear.

To Quit the Action Menu Prompt

To Quit and return to the Face Sheet screens, press <Enter> at the Quit prompt. Returns to Face Sheet Page 1.

Registration of Patient Data Complete

You have successfully completed entry of patient related data to CMS Net and assigned a CIN.

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NOTES

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